

# ASBN *Update*

Volume 7 Number 4

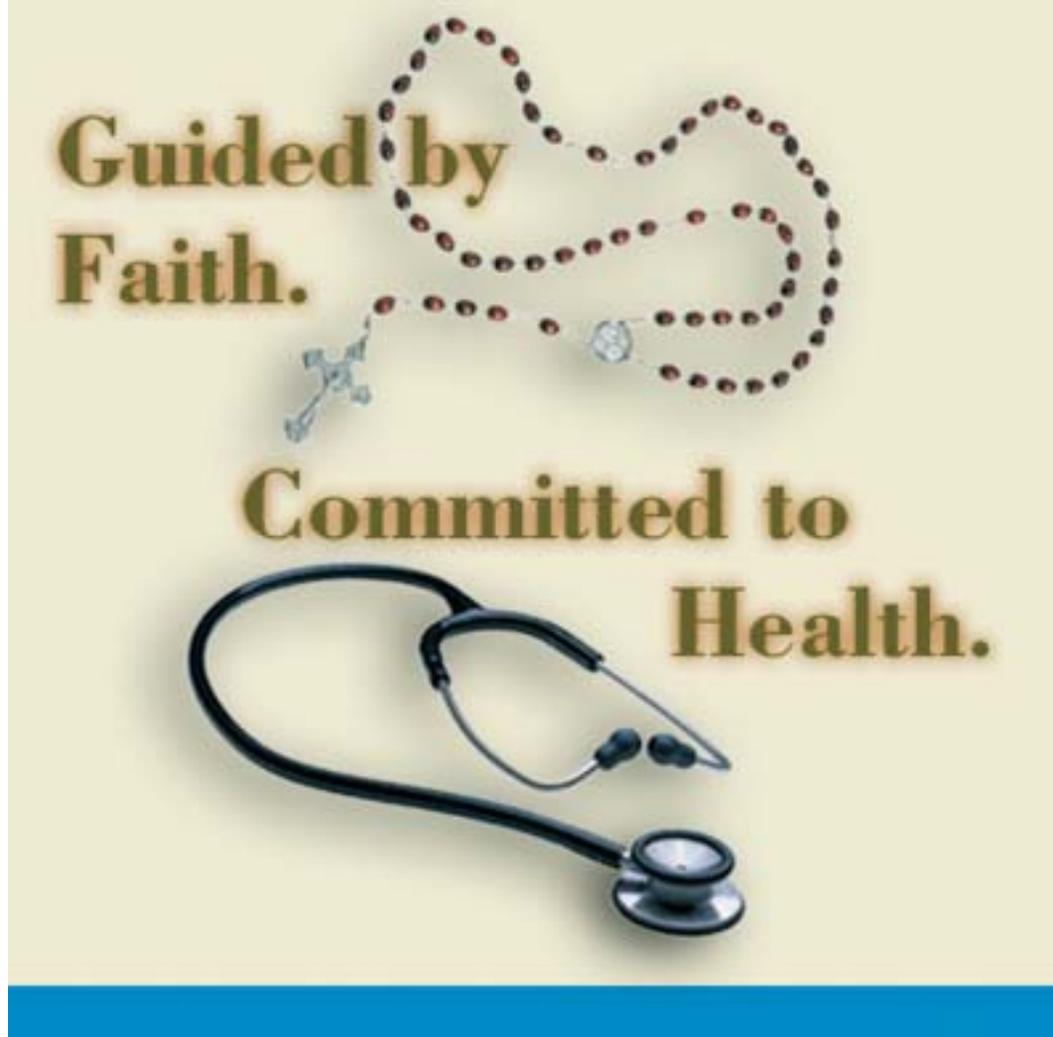
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# ASBN Update

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# president's message

A Congressman from South Dakota not only sped frequently, but bragged about it. Apparently he learned over the years that if stopped, a Congressman had enough clout to get out of it. (Or in his words, "they cut me a little slack.") This changed when he ran a stop sign at 70 mph and killed a motorcyclist.



A coach at Baylor "took care of" some of his players in a way not permitted by the NCAA. He seemed to feel that everyone else was doing it and that there was little chance of being caught. This changed when one of those players was murdered.

One CRNA in Arkansas didn't always document as accurately as he could have. Sometimes he forgot to document the last dose of a narcotic. Sometimes he didn't remember the exact dose given when it came time to fill out the controlled substance administration records, so he guessed. He felt comfortable in this practice because he knew that "everyone else does it." This changed when the Board of Nursing and the Department of Health received complaints that he was diverting controlled substances for his personal use.

The first two stories are too recent to know all of the facts or the final outcome. On the third, however, as Paul Harvey would say, we know "the rest of the story."

The CRNA was charged with violating Arkansas Code annotated 17-87-309 (a)(4) "Is habitually intemperate or addicted to the use of habit forming drugs" and (a)(6) "Is guilty of unprofessional conduct". The Board ultimately found him not guilty of (a)(4). However, the documentation irregularities uncovered in the investigation by the Arkansas Department of Health clearly showed that he was guilty of (a)(6). The CRNA explained that he was an "excellent CRNA" and that "everyone else" was doing the same thing. (Begging the age old question, "If everyone else jumped off the roof, would you?")

While everyone else is certainly not documenting this badly, I'm sure that many are. With all of the policies

and forms in nursing today, it's easy to get lulled into believing that they are all a conspiracy by "administration" to keep us from caring for our patients. This is not the case, and in fact, many are designed to protect us from ourselves.

In this situation, had the policy been followed and the records completed accurately, it is likely that the CRNA would never have been before the Board. The sole mission of the Board of Nursing is to protect the *public* and act as *their* advocate by effectively regulating the practice of nursing. Because the many gaps in the documentation did not adequately account for the fentanyl removed, the Board felt that it was in the best interest of the public to place the CRNA on probation for three years and require a strict (and expensive) program of random drug screens for the duration of the probation.

Obviously, the CRNA case didn't make the national news like the first two did, but they're very similar otherwise. In all three of these cases, the parties involved felt that the infractions were no big deal. They also thought that the chances of being caught were slim. The third similarity is that in all three cases, it's unlikely anyone *would* have noticed if not for an unusual circumstance—but unusual circumstances happen! And finally, all brought shame upon themselves, their employer and their profession.

So what can be learned from this? If a written complaint is received, it *will* be investigated. Even if the initial allegations are not substantiated, the intense review that follows may well find other violations of the Nurse Practice Act, and you will be charged with these violations. Always document as though the medical record were going before the Board or to Court. Be certain that there is no "rest of the story" beyond what you *document!*

A handwritten signature in black ink, appearing to read "Dan West". The signature is stylized and cursive.

Dan West, MSNA, RN

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## executive director's message

Nursing regulation in the United States turned 100 years old in 2003. North Carolina, New York and Virginia began licensure for nurses in 1903. This year, 2003, marks the 90-year anniversary for licensure of



nurses in Arkansas. The Arkansas Board of Nursing was founded in 1913 by Act 128 of the legislature, which set out the first Nurse Practice Act in this state. It would be an understatement to say "We've come a long way baby!" I'd like to share with you a few of the highlights found in documents at the office.

The original minutes are still housed in the Board office and note that on April 11, 1913, at Hot Springs, Arkansas, the Arkansas State Board of Nurse Examiners (as it was then known) formed an organization. Temporary officers were elected which included a physician who was elected the first chairman of the board. On the second meeting, the officers resigned and new officers were elected from the membership of the group. The first board members were Mrs. F.W. Aydlett (President) and Dr. Ida Joe Brooks of Little Rock; Belle McKnight from Pine Bluff, Mrs. H.E. Waller of Searcy (Secretary-Treasurer), a Dr. Cooper and a Miss Tye (first names unavailable).

According to the records of the first several meetings, this group established a constitution, bylaws and licensure requirements and created the first examination and all the application forms. Meetings were generally held in the State Capitol. License number one was issued to Miss Annie Bremeyer on June 14, 1913. The minutes note "Miss" this and "Sister" that and an infrequent "Mrs." whatever. Each licensure recipient is listed by name in the minutes.

By July of that same year, this austere group of board members had written the curriculum to be required of nursing education programs and sent it to the Board of Education for approval. Professor Torreyson (who now has a library at the University of

Central Arkansas named in his honor) was on the Board of Education committee that reviewed and approved the first curriculum for nursing education. By the end of October of 1913, Arkansas had 287 nurses licensed as registered nurses in the state.

Now it wasn't that we didn't have nurses that were actually called "nurses" before this time, it was just that they were not licensed as such! Included throughout the minutes were details about decisions made to allow licensure of male nurses, "colored" nurses, beginning licensure of LPNs, LPTNs and APNs. The composition of the Board changed throughout the years from a group of two physicians and four registered nurses to its current composition of six RNs, one APN with prescriptive authority, three LPNs, one LPTN and two consumers. It was several years into the licensure duties of the board before disciplinary procedures were conducted. But in the original act, the power was given to the Board to revoke the license of any nurse for "dishonesty, habitual intemperance or any other act derogatory to the morals or standing of the nursing profession". Some things never change.

Today we have over 28,000 RNs, 15,000 LPNs, 1300 APNs (500 with prescriptive authority), 900 RNP's and 400 LPTNs. Our total number of licenses is currently over 47,000—but it isn't enough! On December 6, we will be at the Clear Channel Metroplex Event Center in Little Rock to promote nursing as a career. The event is free and there will be food, a give away of a Caribbean vacation and money raised for nursing scholarships. The theme for the "nursing expo" is Thinkaboutit Nursing. *Nursing*...a fine profession that has a great history and a fantastic future.

Happy 90th Anniversary to Nursing Regulation in Arkansas—We *have* come a long way!

*Faith A. Fields*

Faith A. Fields, MSN, RN

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## Oh, the Places You'll Go!

*"Congratulations!  
Today is your day.  
You're off to Great Places!  
You're off and away!"*



The exuberance we all felt or will feel with a new license in hand is exemplified by Dr. Seuss, in *Oh, The Places You'll Go!*, one of two books he wrote for adults.

*"You have brains in your head.  
You have feet in your shoes.  
You can steer yourself  
any direction you choose."*

The nurses featured in this issue have chosen many different directions. Ms. Bradshaw and Ms. Ashcraft had the opportunity to make many choices along their rich and far-reaching career paths. Lance Black, a Board Member

featured in an earlier *ASBN UPDATE*, steered himself toward serving his country and is now in Iraq. A 2002 graduate, Sara Lamb, made the giant step from student to critical care nurse. Jaime Robertson is following the path traveled by her grandmother and mother. I, too, have had the opportunity to steer myself in many directions; I have been a staff nurse in most areas of an acute-care hospital, an educator, administrator, regulator, writer and now, editor.

Today, there are so many directions a new or seasoned nurse can take. Beside the many openings in the acute care system, there are opportunities for nurses in nursing

homes, home health, pharmaceutical sales, medical device and supply companies, law, teaching, schools, clinics, research, industry, camps and so on. The list is endless. Nurses are needed everywhere in increasing numbers. Nurses are sought after in many other fields because of the education that they receive. No one has to tell you how strenuous the nursing curriculum is. Communication and problem-solving skills, critical to survival as a nurse, are attributes sought after in many other fields.

Dr. Seuss warns us about the choices that we may take:

*"You'll get mixed up  
With many strange birds as you go.  
So be sure when you step.  
Step with care and great tact  
And remember that Life's  
A Great Balancing Act.  
Just never forget to be dexterous and deft.  
And never mix up your right foot with your left."*

Sadly, an entire page of the *ASBN UPDATE* is always devoted to the many who have mixed up their right foot with the left. For those who do step with care and tact, Dr. Seuss promises that they will succeed, (*98 and 3/4 percent guaranteed*).

*Georgia Manning Lewis*

Georgia Manning Lewis, MN, RN

## letters to the editor

### Editor's note:

*We welcome all comments and questions related to regulation in Arkansas. Anything related to the Board's mission of protecting the public, such as licensure, schools and nursing practice, is welcome.*

### Continuing Education

I would like to see more about continuing education programs, both seminars and online, in the *ASBN UPDATE*.

### Editor's note:

*Approved CE providers should contact David Brown @ 501.221.9986 to publish their program(s).*

### Response to Executive Director's message.

Thank you for your wonderful message in the last *ASBN UPDATE*. Your message honoring my daughter, Mary Ann Bitely Brewer, was very timely and comforting to me and her brothers as it arrived three days after we buried Mary Ann. I thank God for people like you and others who have prayed and encouraged us for almost 22 years since Mary's horrific accident. We can never know how many lives have been touched. We know that God has a plan and He never makes a mistake. Thanks for all you and your staff are doing to promote excellence in practice.

Clara Bitely, RN

### Editor's note:

*The Board and Staff were saddened to learn of your loss.*

# board business



## September Board Meeting Highlights

At the September 11 meeting the Board took the following actions:

Granted continued full approval to the Crowley's Ridge Technical Institute Practical Nurse Program until 2006.

Placed East Arkansas Community College Associate of Applied Science Degree in Nursing Program on Conditional Approval for one year. If, in that one year, the program does not correct all the deviations and implement the recommendations, then the Board will pursue withdrawal of program approval.

Granted continued full approval to the Southern Arkansas University Tech Practical Nurse Program until 2006.

Granted continued full approval to the

Ozarka College Practical Nurse Program until 2006.

Granted continued full approval to the University of Arkansas Community College at Batesville Practical Nurse Program until 2006.

Voted to not lift the moratorium on approving new nursing education programs.

Accepted the TOEFL, TOEIC, and IELTS as acceptable exams for evaluating English proficiency.

Voted to rescind the existing Position Statement 97-3, Insertion and Removal of Specialized Intravenous Catheters, and refer inquiries to the Decision Making Model.

Granted an extension to the Arkansas

Department of Health for the continued practice of the two outreach unlicensed assistive personnel applying and reading tuberculosis skin tests until further action by the Board.

Approved the 2004 Board Meeting dates as amended.

Voted to assess licensees a \$50 late fee for each contact hour that requirements are not met after the ninety day grace period in accordance with *ASBN Rules and Regulations*, Chapter Two Section VII.I.b.

Voted to gather information related to the competencies of individuals who completed their nursing education years earlier and have not passed the NCLEX.

### BOARD MEETING DATES

January 14 ..... Disciplinary  
January 15 ..... Business

February 11 ..... Disciplinary  
February 12 ..... Disciplinary

March 10 ..... Disciplinary  
March 11 ..... Disciplinary

*The public is invited to attend ASBN Meetings. Groups of more than five should contact LouAnn Walker at 501.686.2704*

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A listing of all lost or stolen licenses can be found at [www.arsbn.org](http://www.arsbn.org). All reissued licenses will have duplicate stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.



This article was supplied by Publishing Concepts, Inc.—publisher of the ASBN Update

# Grandmother, Mother and Daughter R.N.

AT SCHOOL TODAY, I helped four couples prepare to take their new babies home. Yesterday at work, I listened to an older man's story of how he fell in love with his wife fifty-eight years ago. When I get home at the end of the day, I am satisfied and filled with the exciting energy of nursing. I have wanted to be a nurse for as long as I can remember. There were, of course, days I thought

"Doctor" would sound nice before my name but they were few and far between.

All my life I have loved people. I love making new friends, but I especially love the look in a patient's eyes when I have made a difference in their day. Have you ever been having a bad day and looked up to see a friend's smiling face and find that your troubles suddenly seem so small? Have you been soothed by a back rub or a warm bath? I believe that these comforting measures are the backbone of the nursing profession. Nurses are there to lift people up when they are feeling down and give comfort when they need a little rest.

I have always known nursing to be a proud profession. My grandmother was a nurse and so was another woman I have always looked up to with admiration, my mother, Kathie Robertson. My mom graduated from UCA in 1980. After graduation, she was hired by Baptist Medical Center to work in the nursery. At the time, she was six months pregnant with me. She loved her job and developed fast friends at Baptist. In February of 1981, she took what was to be a temporary leave of absence to give birth to me on April 7th. One month later, she was diagnosed with malignant breast cancer. Anne Hall, one of my mom's nurses, had this to say about my mother, "I think people thought they would help her when they came to visit, but she had so much inner strength, people always left feeling that they were the ones being helped. She gave herself completely to others. She was just herself, just Kathie, but being 'just Kathie' was quite extraordinary. It was simply a part of her being to always be concerned about others." She was a nurse. My mother passed away on June 27, 1982 but her memory and spirit have always been a part of my life. She is an inspiration to me.

I have a photograph of my mom holding



me in one arm and her diploma from nursing school in the other and on the back she has written, "my two greatest accomplishments." I am so proud of that picture. I get it out when I feel like nursing school is getting the best of me and I need a little boost. It usually does the trick.

Ernest Hemingway once said, "The world breaks everyone, and after-

ward, many are stronger at the broken places." The experiences that people have in life shape them into the person they will become. I guess you could say I was "broken" at a very early age. The loss of my mother has impacted every aspect of my life. I learned early that nothing lasts forever; anything and everything could end in a matter of seconds. I knew this before I knew my ABC's, before I could ride a bike. Later in my life, this death has helped me to focus on the greater aspects of living. I live for those little moments that most people take for granted which I believe is reflected in my work as a nurse. I am overwhelmed by a new dad's reaction to his new baby. I am amazed at the strength a woman has as she tells her husband he doesn't need to fight his disease anymore. I am satisfied with a simple thank you or just a look of gratitude. As a direct result of this tragedy I have conquered, I am determined to live a full life, to extract all I can out of every situation, and spread the love I have inside around. The scars I have developed have only increased my strength and heightened my sensitivity.

This strength that I claim so often was tested my freshman year of nursing school. I received a call that my grandma was very sick and I should come. I stayed with her in the hospital about a week. I painted her fingernails and put lotion on her hands. We ate blueberry pancakes (the only thing she ate all week), had a slumber party, and watched *The Horse Whisperer* (she loved Montana). During my visit she gave me some things she wanted me to have. One very special thing was her nursing pin. When I left the hospital for the airport I thought it would be the last time I saw my grandma.

In November, I received another urgent phone call, but it seemed different this time. She was in a hospice program and wasn't

expected to make it through the week. Once again, I went. There was no time for slumber parties or pancakes during this trip. It consisted mostly of watching her sleep, holding her hand, and waiting for her to wake long enough to exchange a few thoughts and go back to sleep. She was awake a few times, and we talked about my Grandpa, my mom and her dying. She was beginning to have hallucinations—she talked to people who weren't there, but seemed comforted. One moment in particular stands out in my mind. I leaned over to give her a hug, and she looked at the ceiling (obviously at something) and said, "I knew she would come." She was talking about my mother. When I left for the airport this time it was clear that we wouldn't see each other again. I gave her a hug, she told me to "take it easy," and I left. It was really hard to leave her there all alone. She passed away the next day.

I believe that my mother gave me the strength to handle this situation, and reflecting on her courage throughout tragedy has inspired me to pursue a career in nursing. Caring for my Grandma in her time of need has only solidified this calling. To me, nursing is just that, a calling. It takes a special kind of person to be a caring nurse.

Next May I will graduate from the University of Arkansas Eleanor Mann School of Nursing with a Bachelor of Science Degree in Nursing, and I can't wait. It seems like I've been in school forever. I have transferred schools twice but never changed my major. I like to say that I took the scenic route. Either way, a degree in nursing is the best way I could have prepared myself for life after college. Very few of my friends that have graduated can say that they have jobs they love, much less a job in the field they studied. I will never have that problem. With a degree in nursing, I can go almost anywhere I choose, and I will definitely love my job. The Dictionary defines *vocation* as "a profession for which one is especially suited" or "a strong desire to do a particular type of work" and *avocation* as "an activity that is engaged in for enjoyment, in addition to one's regular work." For me, nursing is both a vocation and an avocation and I can only hope that many others feel this way. This world is in need of nurses, people who care enough to take the lives of others into their hands and hold them gently.

Jaime Robertson grew up in Little Rock, graduating from Central High School. You may contact Jaime at [Roberts@uark.edu](mailto:Roberts@uark.edu).

# St. Vincent Health System— Inspired

“BEING A NURSE is about more than just money—although that’s important, too. There’s something else. Something that’s hard to put into words. It’s about loving my job because I’m good at it... really good at it. And people notice that. It’s about the opportunity to make a difference in someone else’s life and in my own,” spoken by Mary C. Tee, RN, an orthopedic nurse at St. Vincent Infirmiry Medical Center. There IS something different about being a nurse. It is a calling, a conviction, a challenge, a charge. At some point in every

nurse’s life, that “something else” is heard. The practice of nursing at St. Vincent Health System lends itself to that calling—to be inspired to serve and to make a difference.

Beginning as early as the late 1870’s, St. Vincent Health System was an inspiration even before its creation. Mr. and Mrs. Alexander Hager, a prominent local couple, made a vow to God that if Little Rock was spared from the yellow fever epidemic raging nearby, they would leave their estate to build a hospital. Little Rock was spared, and, ten years later, the Hager bequest was used to start a charity hospital located in a residence on Second Street. Bishop Fitzgerald of the Catholic Diocese of Little Rock issued a call for help. Five Sisters of Charity from Nazareth, Kentucky answered that call. In 1888, St. Vincent Infirmiry was born.

St. Vincent has continued to grow to heed the call of



*In Post Anesthesia Care Unit (PACU)—Wes Ward, RN; Lezley Colvert, Student Nurse Technician; Jennifer Sheehan, RN; Rebecca Brosius, RN; Kathleen Fink, RN; and JoAnne Dunn, RN*

growing healthcare needs in Little Rock and the surrounding areas. Columbia Doctors Hospital and a number of Columbia's clinics were brought into the system in 1998. Expanding in 1999, St. Vincent North, an acute-care hospital in North Little Rock opened.

What does that mean to those answering the call to become a nurse within this system? It means making a difference, in your life and in the lives of others. From beginning as a junior volunteer, to becoming certified as a nursing assistant, to attending school to become a licensed practical nurse, to graduating from college and becoming a registered nurse—the pathways are established for professional growth. Many nurses currently employed within the system have made that progression; many others are currently on that path. Twenty students are currently enrolled in the second LPN class in recent history. The first class graduated in December 2002 with a 100% NCLEX-PN® pass rate! Another seven students are participating in the RN Scholarship Assistance Program and are working within the system while having their tuition paid. New graduate nurses and experienced nurses can find a place to serve within the system. Opportunities exist in cardiac, critical care, maternal child, medical and surgical areas.

A re-entry program allows the nurse that has been out of practice a while to return to the bedside. Kathleen Fink, RN in PACU, decided to give nursing another chance. Rebecca Brosius, RN, the Nurse Recruiter, encouraged her to do so. When asked about her decision, Kathleen stated, "I was a little scared about



*Sam Guell, RN, and Rebecca Brosius, RN, Nurse Recruitment coordinator*

returning to nursing after being out of practice, but Rebecca reassured me that the nurses at St. Vincent pull together to help. I'm thrilled to be here now. This is the best place I've ever worked and it's where I want to end my career." Other nurses have the same opportunity—to return to the calling.

To combat a worldwide acute nursing shortage, St. Vincent has expanded the recruitment and retention program. In order to provide better patient care and to reduce employee turnover, many incentives have been introduced. An increased sign-on bonus, market

adjustments to salaries and a new In-House Agency Plus program are examples of this. Tenured nurses within the system recently received a Retention Bonus as recognition for their service as well. The Excellence in Nursing program, a series of continuing education programs for nurses all over the state, is another example of this commitment to growth. Two programs presented recently were attended by almost 1000 nurses!

Are you in need of a change? Are you inspired to serve and to make a difference? Consider becoming a member of the St. Vincent Health System. As Mary Tee, RN, says, "the amazing thing about it is, the first time I walked through the door here, I knew. This is where I am supposed to be."



*In Cardiovascular Intensive Care or CVICU—Left to right: Johnny Brock, RN; Rebecca Brosius, RN, Nurse Recruitment coordinator; Sam Guell, RN; Talya Ball, RN*

# License Renewal....Online

One way the Arkansas State Board of Nursing has made life easier for many nurses is through online license renewal. Although many people are taking advantage of this service, there are still many more nurses who could benefit from it. There are various advantages to online renewal including:

- It is easy. Just go to our website at [www.arsbn.org](http://www.arsbn.org), answer a few questions and print your receipt. Yes, it is that easy.
- You do not have to search for paperwork. All you need is your license number, social security number and a credit card.
- Online renewal saves you time. No more coloring the dots with a number two pencil, driving to the Board or post office or waiting for us to receive your renewal by mail.

Your online information is downloaded daily.

- It is convenient. You can renew on your computer at home, at midnight or on a holiday if you so choose. If you do not have a computer at home, you could renew on the computer at your local library or possibly at your work place.
- It is fast. You or your employer can verify that your license is current the next day by calling 501.682.2200. Your license is mailed within five (5) working days of your online renewal.
- Your information is secure. The transaction is encrypted to protect your privacy.
- Online renewal reduces errors. If you make a mistake or accidentally leave a blank on your paper renewal form, it must be sent back to you for

correction, which can delay the processing of your renewal. However, if you are applying online and leave a question blank, an instruction reminder will appear, and the question must be answered before you can advance to the next screen.

- You will receive a confirmation number, which you can print for proof of payment.
- You can pay by credit card. We accept Visa, MasterCard and Discover with online renewals.
- You can renew your LPN, RN, RNP or APN license online.

**You may not renew online when:**

- Your primary state of residence is another compact state (these currently include Arizona, Delaware, Idaho, Iowa, Maine, Maryland, Mississippi, Nebraska, North Carolina, South Dakota,



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Tennessee, Texas, Utah and Wisconsin).

- You wish to change your name when renewing your license.
- Your license has been expired for one year or more.
- You were convicted of a crime within the past two (2) years (with the exception of DWI—traffic violations are exempt).
- Your license is encumbered in any state or jurisdiction.
- Disciplinary action is taken against you or your authority to practice by a federal or state agency.
- You were addicted to or treated for alcohol or another abuse-potential substances within the past two (2) years.
- Your primary state of residence is outside the United States and you are not in the military (U.S. Military personnel stationed outside the United States may renew online).

The states of Texas and Iowa are encouraging online renewals by no longer mailing renewal forms to all nurses. Some states send reminder cards to go online and renew; others publish renewal reminders in their newsletter updates. While Arkansas is still mailing forms to nurses whose licenses are due for renewal, we definitely encourage you to consider going online to apply for renewal. If you have not tried it, make a point to renew online next time...you will be pleasantly surprised.

### **Nursing Student Loan Program: 25 Selected from 500 Applicants**

The Arkansas State Board of Nursing received nearly 500 applications for the Nursing Student Loan Program. Although there were many deserving applicants, the Board had a limited amount of funds to distribute. There was almost \$26,000 available for this program, and the committee chose to fund \$1,000.00 each to 25 applicants.

Using a rating system, the committee used academic considerations and financial need to determine the participants. The 25 applicants have been notified of their acceptance in the program, and checks have been mailed to them. The program requires that the recipients work in Arkansas for a period of time after graduation or repay the loan amount.



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## advanced practice

by Georgia Manning Lewis • Director of Advanced Nursing Practice

# APN Q&A

**Q** I have gone to work at a counseling center, and I am not sure if I am within the law by practicing at the clinic. On my first day, I was informed that I would be assessing children taking medications for ADD and refilling their medications with the psychiatrist's approval. Today I found out that the psychiatrist wants to use me as an overflow person to assess the clients taking medications and under control. Since I am a family nurse practitioner, can I do this? Does this require a psychiatric nurse practitioner? The Joint Commission will be coming in a couple of months, and I want to make sure that I am within my realm of practice. Please let me know if I need to continue working at this location or if I need to look for something in family practice. I don't want to do anything that could jeopardize my license.

**A** I would suggest that you review *ASBN Rules and Regulations* Chapter Four, specifically Section I that states, "The advanced practice nurse shall practice...in accordance with the scope of practice defined by the appropriate national certifying body." It further states, "The advanced practice nurse may provide health care for which the APN is educationally prepared and for which competence has been attained and maintained."

Chapter Four Section VI.C. states, "In addition to the core standards, the APN shall practice in accordance with the standards established by the national certifying body from which the APN holds his or her certification required for licensure."

You may also want to refer to the Position Statement 98-6, Decision-Making Model, to determine if you should practice in the manner you described. Position Statement 99-2, Delegated Medical Acts, may assist you in your decision, also. Have you been educationally prepared for the expected practice? Is this within the scope of practice as defined by your certifying body? You may also want to think how you

would answer any charges that you were practicing beyond your area of education and certification.

**Q** Is it acceptable/permissible for an RNP who has obtained her doctorate in nursing to identify herself/be identified to patients she sees as "Doctor"?

**A** Any individual who has earned a doctorate may be called Doctor. There is no violation of Arkansas law in that respect. The only violation would be if the person practiced outside the RNP scope of licensure, documented in any way that she was other than a PhD and RNP or failed to wear the insignia RNP while providing care. *ASBN Rules and Regulations* Chapter One Section III.B. reads, "Any person licensed to practice nursing shall wear an insignia to identify himself by his name and appropriate legal title or abbreviation during times when such person is providing health care to the public for compensation." Section III.C. requires that, "The insignia shall be prominently displayed and clearly legible such that the person receiving care may readily identify the type of nursing personnel providing such care."

"Failure to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public," is listed as grounds for disciplinary action in Chapter Seven Section XV.A.6.r. as an example of unprofessional conduct.

**Q** What documents do I need for license renewal online?

**A** If you renew your APN license online, you must attest that your national certification is current, and a random audit will be performed quarterly to verify compliance. To renew by mail, you must submit a copy of your current certification card with your renewal form, or it will be returned to you. This is another reason that online renewal is easier.



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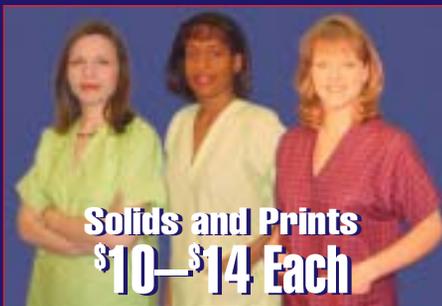
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# NCLEX-RN® and NCLEX-PN® Licensure Exam Results 2002

RN			LPN		
BACCALAUREATE DEGREE	NUMBER TAKING	PERCENT PASSING		NUMBER TAKING	PERCENT PASSING
Arkansas State University	54	90.7	Arkansas State University-Newport	10	80.0
Arkansas Tech University	20	100	Arkansas State University-Mt. Home	16	100.0
Harding University	30	96.6	Arkansas Valley Technical Institute	54	88.8
Henderson State University	22	77.2	Baptist School of Practical Nursing	83	93.9
University of AR at Fayetteville	24	87.5	Black River Technical College	24	87.5
University of AR for Medical Sciences	76	94.7	Cossatot Technical College	18	72.2
University of AR at Monticello	16	68.7	Cotton Boll Technical Institute	27	85.1
University of AR at Pine Bluff	12	33.0	Crowley's Ridge Technical Institute	16	81.2
University of Central AR	44	95.4	ASU Technical Center	28	89.2
<b>ARKANSAS TOTAL—BSN</b>	<b>298</b>	<b>89.3</b>	Foothills Technical Institute	9	100.0
<b>NATIONAL TOTAL—BSN</b>	<b>25,806</b>	<b>86.7</b>	Forest Echoes Technical Institute	10	100.0
<b>ASSOCIATE DEGREE</b>			Great Rivers Technical Institute	19	89.4
Arkansas State University	56	83.9	Mid-South Community College	14	64.2
East AR Community College	15	66.6	North Arkansas College	20	95.0
Garland County Community College	32	90.6	Northwest Technical Institute	16	87.5
Mississippi County Community College	22	77.2	Ouachita Technical College	22	90.9
North Arkansas College	29	89.6	Ozarka Technical College	17	94.1
University of AR C/C—Batesville	15	100	U of A Community College, Morrilton	17	94.1
NorthWest AR Community College	33	87.8	Southeast AR College	46	73.9
Phillips Community College/U. of AR	25	76.0	Pulaski Technical College	20	100.0
SEARK College	14	78.5	Quapaw Technical Institute	21	90.4
Southern Arkansas University	44	79.5	U of A Community College, Hope	19	94.7
University of AR at Little Rock	63	96.8	U of A Community College, Batesville	17	94.1
University of AR at Ft. Smith	57	94.7	PCC/U of A—DeWitt	2	100.0
<b>ARKANSAS TOTAL—ADN</b>	<b>405</b>	<b>87.1</b>	Rich Mountain Community College	23	86.9
<b>NATIONAL TOTAL—ADN</b>	<b>42,310</b>	<b>86.6</b>	SAU Tech, Camden	27	70.3
<b>DIPLOMA</b>			SouthArk Community College	23	73.9
Baptist School of Nursing—Little Rock	93	78.4	University of AR at Ft. Smith	6	83.3
Jefferson School of Nursing—Pine Bluff	37	75.6	<b>LPN EQUIVALENCY</b>		
Har-Ber School of Nursing—Springdale	21	95.2	Arkansas Special—Equivalency#	35	100.0
<b>ARKANSAS TOTAL—DIPLOMA</b>	<b>151</b>	<b>80.1</b>	(Partial Completed RN)		
<b>NATIONAL TOTAL—DIPLOMA</b>	<b>2,424</b>	<b>86.3</b>	Arkansas Special—RN Educated	23	100.0
<b>ARKANSAS TOTAL—ALL PROGRAMS</b>	<b>854</b>	<b>86.5</b>	(RN Test Failures)		
<b>NATIONAL TOTAL—ALL PROGRAMS</b>	<b>70,540</b>	<b>86.6</b>	<b>ARKANSAS TOTAL</b>	<b>682</b>	<b>88.2</b>
			<b>NATIONAL TOTAL</b>	<b>37,845</b>	<b>86.5</b>

SOURCE: NCSBN Educational Program Summary of first-time candidates regardless of where they took the examination.  
Passing percentages reported reflect all campuses of a college combined.

## SCHOOLS SCORE 100% IN 2002

The ASBN is pleased to announce that the following nursing education programs achieved a 100% pass rate on first-write NCLEX® in 2002.

### RN Programs

Arkansas Tech University  
University of Arkansas Community College at Batesville

### PN Programs

Arkansas State University—Mountain Home  
Foothills Technical Institute  
Forest Echoes Technical Institute  
Pulaski Technical College  
Phillips County Community College/University of Arkansas at DeWitt

## To Tell The Truth...

The ASBN *Rules and Regulations* Chapter 7 Section XV defines actions that may lead to disciplinary action against a nurse's license to practice nursing. The following examples are listed under unprofessional conduct:

- Providing inaccurate or misleading information regarding employment history to an employer or the

Arkansas State Board of Nursing.

- Engaging in acts of dishonesty which relate to the practice of nursing.

When completing an application for employment, the nurse must answer all questions honestly and completely. If asked to list the last four employers, the nurse must list, at minimum, the immediate last four employers. If asked

to list all employers, the nurse must list every employer. During investigations regarding unprofessional conduct, investigators often discover that a nurse did not list an employer for fear of getting an unsatisfactory reference from them. In addition, nurses will sometimes incorrectly answer no to the following questions:

- Have you ever been terminated from or asked to resign from a position?
- Have you ever received any type of discipline, written or oral, for violation of any prior employer's policies, procedures or safety rules?

The Board does not go looking for nurses who have falsified their applications. However, it is not uncommon to find that a nurse who is being investigated for other issues of unprofessional conduct has made errors and has compounded these errors with dishonesty. When the Board becomes aware that a nurse was dishonest when applying for a position, questions are raised:

- What else will the nurse be dishonest about?
- Will medications be given responsibly?
- Will vital signs, assessments or patient care be documented accurately?
- Is the nurse truthful with the Board now?

Omitting information that is requested is just as dishonest as giving incorrect information.

It is important to develop a resume and update it every time that you are hired by a new employer. Use the resume to complete applications that ask you for your work history. Answer each question honestly and completely.

Dishonesty in the practice of nursing is often reported to the Board. When an error occurs, report it immediately and work with your employer to remedy the mistake if that is possible. If you do nothing, the risk of patient injury increases. The penalty for cover-up and dishonesty is generally greater than the penalty for the original offense. Employers who call the Board to inquire about a nurse's license are generally more willing to hire someone who made a mistake but is honest than one who is caught in an untruth on an application or during an interview.

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by Debbie Jones

Assistant Director of  
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## Attorney General: Expunged/Sealed Records Must Be Released

Attorney General Mike Beebe stated that the Arkansas State Police should release expunged conviction information to agencies that are required by law to perform criminal background checks.

The Arkansas State Board of Nursing is one such agency (Opinion N. 2003-057).

Therefore, all new license applicants will be required to submit appropriate documents related to all expunged/sealed records prior to issuance of a license.

# Practice Q&A

**Q** I read the *ASBN UPDATE* Volume 7, number 3, with much interest, especially President Dan West's message and Board Member Kathy Hicks' article, "But I am a good nurse." Ms. Hicks' quote of the Nightingale Pledge, "To be an advocate for our patients, loyal to our profession," is what really convinced me to write to you.

I work with a nurse who is endangering the health of patients, coworkers and myself by never washing her hands. For a while, she did not wear gloves at all when performing invasive procedures. I reported it to the nurse manager and then to the administrator, but the practice continues. Can you intervene for the safety of the patients and for the good of the profession of nursing?

**A** This scenario contains multiple possible violations of the Nurse Practice Act. The *ASBN Rules and Regulations* Chapter Seven Section XV. A.6. defines and describes unprofessional conduct. Included in the descriptions are:

- Failing to administer medications and/or treatments in a responsible manner;
  - Causing suffering, permitting or allowing physical or emotional injury to a patient;
  - Failing to supervise persons to whom nursing functions are delegated or assigned; and
  - Failing to conform to the Universal Precautions for preventing the transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients during exposure prone invasive procedures.
- Chapter Seven, Section XV. A. 3.

defines gross negligence as "...an exercise of such minimal care as to justify the belief that there was a conscious disregard or indifference for the health, safety, or welfare of the patient or the public..."

Both the nurse and the nurse manager are at risk for disciplinary action. The nurse has failed to follow appropriate protocols in delivering patient care, and the manager has failed to supervise or correct the actions of the nurse who has violated minimum care standards. In addition, a patient may seek a civil judgment against the nurse, the nurse manager and the facility should the nurse's fail-

ure to conform to minimum standards harm the patient.

For the Board to intervene, you will need to submit the complaint with the nurses' names in writing. The complaint does not have to be signed.

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# Frequently Asked Questions

**Q** I attend monthly inservices at my place of employment. Will these contact hours count for my license renewal?

**A** No. Inservices, refresher courses, orientation programs and courses designed for lay people may not be used for license renewal.

**Q** How do I know if a continuing education offering will be

acceptable for license renewal?

**A** Make sure each offering meets each of the following guidelines:

- At least one contact hour in length (50-60 minutes).
- Relevant to your specific nursing practice.
- Accredited by a national or state organization listed under

Approved Approval Bodies on the continuing education link of [www.arsbn.org](http://www.arsbn.org).

**Q** How do I determine if the continuing education offering is accredited by a national or state organization found on the ASBN Approved Approval Body List?

**A** All accredited offerings will have an accreditation state-

## News From Iraq: Board Member Lance Black Tells of War

Hello everyone, this is Sergeant Black, reporting to you from Samarra, Iraq. We have been here a few months now with no real end in sight, so I figured that I had better let all of you know what's going on.

To update you, I am a member of the Arkansas Army National Guard. In February of this year, I was activated with the 296th Ground Ambulance Company. I am serving as a Medic/Nurse on an Army Ambulance. Since being here, my unit has been split into many parts and scattered all over Iraq. I personally have worked in Balad, Baghdad, Tikrit, Kirkuk and now, Samarra. We have supported all types of units—from armor to infantry, combat hospitals to aid stations. It is our job to make sure the injured (civilians and Americans) are stabilized and transported to the closest medical facility. The job is critical to saving lives here, for this is probably the most dangerous place to be on Earth right now.

The Army medical corps is a different kind of animal. Methods of practice are distinctly different from our civilian counterparts. For instance, medics and nurses basically function almost as frontline physicians. We are allowed to do close to whatever it takes to save lives. Don't get me wrong, we are trained on these procedures extensively. The point is that a fire-fight or a remote location doesn't always allow for quick access to an MD. It is quite a contrast to being back home. It is definitely a distraction to try and control bleeding or start an IV with



someone shooting at you. We are all trying to just block it out and do our jobs. This is nursing at it's very finest and I am proud to be a part of this team and witness this firsthand.

I used to see news on CNN and take it for granted. Now that we are living the reality of war, we can see clearly that the stakes are much higher than we thought. My comrades and I agree that we have made the world a much safer place, freed people from tyranny and put a major damper on terrorism. But, the price has been very high. Some argue that the number of soldiers killed over here has been low, comparatively. I have held the lives of many young men in my hands and have seen a few slip away. These soldiers are not statistics. They are unselfish patriots who are risking their lives at the alter of freedom. Some paid

the ultimate price. They are the true heroes, and I will never forget their faces.

All Guardsmen and Reservists just received the disparaging news that the first ones to arrive here (including us) will have to physically remain in Iraq for one year. All combined, that will mean the possibility of us being away from our families for approximately 18 months total. This was a major blow to our soldiers who have been here since the beginning and had been promised many different dates. Yes, it is very tough over here, aside from environmental issues we are also bombed, shot at, rocketed and mortared daily. There are many marital, financial, employment and family concerns that we are powerless to confront. Some are having a very difficult time coping with everything. That is why I am asking for your help. If you would just take a moment to write a small note to one of our soldiers, it would really make a difference in keeping their morale up. We need you. See the address below.

So I would like to send you all my regards and thank you for being the very best nurses that you can be. Really live everyday as if there were no tomorrow. Make the world a better place than you found it...

**Send Mail/Care Packages to:**  
c/o SGT R. Black (ANY SOLDIER)  
30th MED BDE  
296th GA Unit #91279  
APO AE 09323

by Sue Tedford

Director of  
Nursing  
Education



ment stating that the offering has been approved for a specific number of contact hours by a specific organization. The approving organization must be found on the ASBN Approved Approval Bodies list in order for ASBN to accept the contact hours.

**Q** I am not working as a nurse at this time. Can I keep my nursing license?

**A** Yes. There are no minimum practice regulations in Arkansas. All you have to do to maintain your license is to meet the continuing education requirements prior to renewing your license.

**Q** After I complete a continuing education offering, do I send my certificates to the ASBN office?

**A** No. You are responsible for keeping up with the original certificates of attendance and the number of contact hours that you have obtained. The original certificates should be kept for two license renewal periods (4 years). The only time you will submit copies of the certificates to the Board office is if you are selected for a random audit.

**Q** What happens if I am audited and I have not met the continuing education requirements?

**A** According to the ASBN Rules and Regulations, Chapter Two, "any licensee who fails to complete the continuing education or who falsely certifies completion of continuing education shall be subject to disciplinary action, non-renewal of the nurses's license, or both." Upon notification of non-compliance, you will be given 90 days in order to meet the guidelines. After the 90-day grace period, a late fee of \$50.00 per contact hour not obtained will be assessed and a Letter of Reprimand will be issued.



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# World War II Cadet Nurse Corps

Originally named the Victory Nurse Corps, the Cadet Nurse Corps was born in 1943 and ended its short life in 1948, after graduating 124,000 nurses. The Corps was developed by the United States Public Health Service (USPHS) to train nurses to serve with the armed forces and to replace nurses from stateside hospitals who were serving overseas during World War II. More than 20 percent of the existing professional nurse workforce was serving with the troops on the front line. In the states, clinics were being closed, babies were delivered at home without proper care, immunizations were cancelled and hospitals were forced to close entire wards due to the nurse shortage. America needed nurses!

Hospitals, critically short of nurses, had to depend on student nurses. The Corps began immediately helping to upgrade nursing schools, libraries, housing and faculty to provide the professional nurses the hospitals needed so desperately. The Cadet Nurse Corps was, first and foremost, a scholarship program paying the Cadet's annual tuition ranging from \$50 to \$800, plus stipends averaging \$25 per month for those who could qualify for the program. After graduation, the nurses could become registered nurses, enlist in the military as Second Lieutenants or work in essential civilian services until the war ended. Cadets were expected to graduate from the accelerated program in thirty months. They received free tuition, uniforms and room and board. In return, they agreed to serve for the duration of the war.



US. Cadet Nurse—1944—Ledenia Hughes

Technically not a part of the armed forces, the Corps was, in fact, the largest and youngest group of uniformed women to serve their country during World War II.

The Corps was formed when Congress passed provisions of the Bolton Act (also known as the Nurse Training Act), named after Congresswoman Frances Payne Bolton who introduced the bill. Bolton had long been an advocate of the nursing profession. The bill was to "provide for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries through grants

to institutions providing for training and for other purposes."

The Cadet Nurses dressed in gray uniforms trimmed in red. The gray symbolized mercy, serenity and understanding. The red represented strength, courage and inspiration. The uniforms were an important element of the recruiting campaign. Leading fashion designers were asked to design uniforms, and at a fashion show, fashion editors chose summer and winter uniforms for the Corps from the designer offerings. To further recruitment, Cadets wearing fashionable uniforms were seen on posters, in magazines, and at the movies with notable stars from the period.

The Corps offered many young women their only chance to become a nurse. However, it did require dedication and long hours. Cadet Nurses were not allowed to marry until after graduation. They attended classes and clinicals as a group, and they lived together dormitory style, sometimes in a converted wing of a hospital with "housemothers" who performed bed checks, watching for curfew violations that would result in expulsion from the Corps. Despite the rigorous demands, 65,000 young women signed up the first year and each year thereafter until the war's end. Cadets took and signed a pledge and were issued an identification card with a serial number. They served under commissioned officers USPHS Surgeon General Thomas Parran and Lucile Petry, the Director of the Division of Nurse Education and head of the Cadet Nurse

**Ledenia (Hughes) Bradshaw** is a 1946 graduate of the Cadet Nurse Corps. She received her education at the Baptist State Hospital. The school is now known as the Baptist School of Nursing and Allied Health. She's been a registered nurse in Arkansas since 1947.

Mrs. Bradshaw entered the program on January 15, 1944, and graduated on December 31, 1946. That was two weeks early because she had chosen to forgo her vacation that year in order to graduate earlier. Her class was the first to enter as Cadets. The courses were accelerated and the regimen was tough, with Cadets eating, sleeping—doing everything—together 24 hours a day, 7 days a week. School was in session 365 days a year, so there was very little time to call one's own.

After graduation, she accepted a position as supervisor of the newborn and premature nursery at Baptist Hospital. She was paid \$30 a month for her supervisory position. Mrs. Bradshaw also practiced at the Mopac, St. Vincents, Trinity and Childrens Hospitals. Mrs. Bradshaw went to Childrens to help rehabilitate children during the polio epidemic of the early 50's.

Although Mrs. Bradshaw has not been on salary since the 60's, she continues to practice bedside nursing for her family and friends. Apparently, after what most people would consider a lifetime of service, she's still intent on making a difference in people's lives. Thank you Mrs. Bradshaw.

Form 300	CERTIFICATE OF MEMBERSHIP	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE UNITED STATES CADET NURSE CORPS		
		SERIAL NO. 2351
MISS (NAME) Ledenia Hughes IS A MEMBER		
OF THE UNITED STATES CADET NURSE CORPS		
AND IS ENROLLED AT Baptist State Hospital		
OF Little Rock (CITY) Arkansas (STATE)		
Thomas Parran SURGEON GENERAL, U. S. PUBLIC HEALTH SERVICE		Lucile Petry DIRECTOR, DIVISION OF NURSE EDUCATION, U. S. P. H. S.
Ledenia Hughes (SIGNATURE OF MEMBER)		David [unclear] DIRECTOR, SCHOOL OF NURSING
DATE ISSUED JULY 15, 1944		
(4109) THIS MEMBERSHIP CARD IS NOT TRANSFERABLE (OVER)		
<b>PLEDGE</b>		
In consideration of the training, payments, and other benefits which are provided me as a member of the U. S. Cadet Nurse Corps, I agree that I will be available for military or other Federal, governmental, or essential civilian services for the duration of the present war.		
U. S. GOVERNMENT PRINTING OFFICE 16-28240-1		

Corps. The first Cadets assigned went to the Navy, Indian Health Services, Veterans Administration, Marine Hospital and the Public Health Service. Seven hundred were assigned to Army Hospitals.

Many of the Cadets went on to very productive and fulfilling nursing careers in both the military and civilian sectors after their service in the Corps.

Not only did the Cadet Nurse Corps provide us with excellent healthcare professionals when we needed them most, it also tremendously improved the nursing schools, facilities and faculties that were involved in the program. For a school of nursing to qualify for the Cadet Nurse Program, it had to be accredited and affiliated with a hospital approved by the American College of Surgeons. The school was also required to have adequate staff and facilities. Substandard conditions in the weaker schools were



*U.S. Cadet Nurse—2000  
Ledenia Hughes Bradshaw, RN  
(This is a copy of the Cadet Uniform)*

improved by funding from the Corps and the advice provided by the program's consultants.

The end of the war was also the end of the Corps. The last Cadets were admitted in October of 1945, and 1948 was the last graduating class. The Corps forever changed many schools as well as the young women who attended. Rather than the typical apprenticeship training used previously, the Corps demanded a more academic approach. Funds provided by the Corps

improved and enlarged classrooms and libraries of nursing schools all over the country. The Corps also encouraged more varied training in fields like convalescent care, public health, pediatrics, tuberculosis and psychiatric care.

With the current nursing shortage and even more frightening outlook for the future, perhaps the Cadet Nurse Corps is an idea that should be revisited.

## A New Nurse's Story

As a new graduate, I was excited to be viewed as a "real" nurse and to begin to utilize the knowledge and skills that I had learned in nursing school. I entered my new critical care job with confidence.

After 3 months of orientation, classes and skill workshops, I was practicing as an ICU nurse. At that time, the honeymoon ended and reality set in. No one was going to be there looking over my shoulder, telling me what I forgot to do or to check behind me unless I asked for them to do so. Everything was my responsibility; I felt like I was on my own. Although one may think that their education in nursing school has adequately prepared them for "real life" circumstances, the complexity and multitude of skills required in the day-to-day care of critically ill patients at times seemed overwhelming. Despite the struggle, uphill at times, I have survived and thrived in the transition from new graduate to critical care nurse. I continue to grow and learn each and every day that I practice nursing.

The moral to the story is to get all the experience you can while in school, volunteer for procedures and treatments. Never forget that you are not alone, there are more experienced nurses, supervisory staff and physicians upon whom you can call at any time. When employed, make sure you get an adequate orientation, remember what you were taught and document or "you didn't do it"!

Sara Lamb  
2002 graduate

### NURSE

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# Bits and Pieces

**Dan West**, ASBN President, was reappointed to a four-year term on the Board.

**Michael Canney**, representative of the older population, resigned from the ASBN in June after moving to Santa Fe, New Mexico. Mr. Canney served as ASBN treasurer from 2000-2003. Board Member Clemetine Wesley's term expired October 1, 2003. Ms. Wesley served on the Board from 2000-2003 as the Diploma RN representative. Both will be missed greatly.

**James Carr** of Searcy has been appointed as the representative of the older population on the ASBN. **Tracy McLaughlin**, RN, was appointed to the diploma RN Board position. There will be more information about these new ASBN members in a future issue of the *ASBN Update*.

**Candice Welcher**, an advanced nurse practitioner and director of student health at the University of Central Arkansas, received the American Academy of Nurse Practitioners State Award for Excellence for improvements in student health services and contributions to the profession of nurse practitioners in Arkansas.

**LouAnn Walker**, Executive Assistant at the Board office, was selected employee of the year for the ASBN office. LouAnn has been with the Board for two years.

The National Council of State Boards of Nursing held their annual Delegate Assembly in Alexandria, Virginia, in August. Board Members attending were **Robert Currie**, **Shirlene Harris** and **Kathy Hicks**. Staff attending were **Faith Fields**, **Fred Knight**, **Georgia Manning Lewis**, **Sue Tedford** and **Calvina Thomas**, who served as chair of the election committee.

**Faith Fields**, ASBN Executive Director, received a 15 year service award during the NCSBN's twenty-fifth anniversary celebration at the Delegate Assembly.

**Glenda Krum**, MNsc, RN, is the new chief executive officer at the Arkansas Nurses Association.

The Prescriptive Authority Advisory Committee met on September 24. Members of the committee are Board Members **Darlene Byrd**, ANP, and **Karen Buchanan**, RNP; **Peggy Morrow**, CNS, Chair; **Sandra Seidel**, CNS; **Ann Trussell**, MD; and **Brenda Gossett**, PharmD.

**Aurian Zoldessy**, RN, of Paron was appointed by Governor Huckabee to the state's Child Abuse, Rape and Domestic Violence Commission.

**Ann Schlumberger**, Chair of the University of Arkansas at Little Rock Associate Degree Nursing Program has been reelected as a National League for Nursing Commissioner for a three year term. Dr. Schlumberger serves on the ASBN Education Committee.

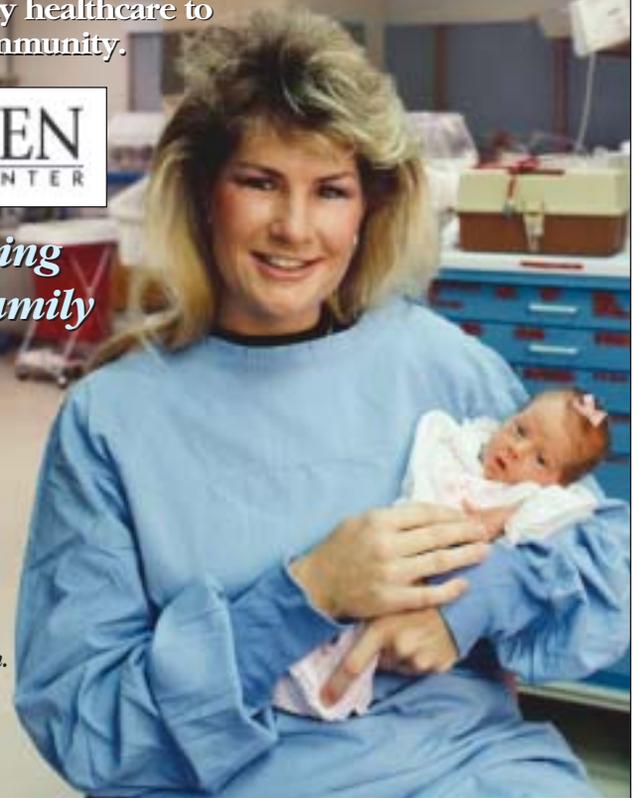
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# disciplinary actions

## Disciplinary Actions—June, July, August 2003

The full statutory citations for disciplinary actions can be found at [www.arsbn.org](http://www.arsbn.org) under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP).

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing; 1123 South University, Suite 800; Little Rock, Arkansas 72204.

### PROBATION

Burt, Darling Deborah Ingram Burt  
R54584, Waldo, (a)(6), CP \$700  
Champlin, Cynthia Dilbeck  
L39623, Benton, (a)(6), CP \$700  
Clark, Ann Shirron  
R50357, Bryant, (a)(4)&(6), CP \$700  
Coffey, Georgia Nell Williams  
R16570, Caddo Gap, (a)(6), CP \$700  
Daniels, Perry A.  
R55782, Newark, (a)(4)&(6), CP \$1400  
Davis, Denise Nicole  
L41650, Pine Bluff  
(a)(4) & A.C.A. §17-87-312  
Foster, Janis Ellen Poynor  
L27867, Jonesboro, (a)(4) & (6), CP \$250  
Gipson, Tanya Elizabeth Arana  
L19552, Morrilton, (a)(6), CP \$700  
Herring, Kimberly Ann Note Wilson  
L35342, Cabot, (a)(4)&(6), CP \$500  
Hodges, Nancy Karlean Good  
R51626, L26028 (exp), Kensett  
(a)(6), CP \$500  
Jack, Susan Elaine Kimbell  
R43197, Magnolia, (a)(6), CP \$800  
Johnson, Mae Rene Moore  
R33417, West Helena, (a)(6), CP \$500  
Johnson, Tammy Lynn Vanpelt  
R30330, Guy, (a)(6), CP \$700  
King, John Stephen  
R28367, C00472, West Memphis  
(a)(6), CP \$2000  
LaFonck, Tammy Ann Coleman  
L30998, Ashdown, (a)(6), CP \$600  
Marney, Debra Diane  
R49914, L26998 (exp), Hot Springs  
(a)(6), CP \$700  
McClain, Jeffrey Todd  
L27002, Lonoke, (a)(4)&(6)  
Moye, Sheila Ann Hogan  
L23669, Searcy, (a)(4)&(6), CP\$700  
Napier, Barry Alan  
R51874, Benton, (a)(4)&(6)  
Osborn, Joan Marie Juranek  
L31386, Paragould, (a)(4)&(6), CP \$500  
Skrivanos, William Taylor  
R50325, Little Rock, (a)(4)&(6), CP- \$800  
Snodgrass, Cynthia Yvonne Callahan Lee  
R50642, Lamar, (a)(6), CP \$700  
Townsend, Paula Sue  
L34913, Little Rock, (a)(4)&(6), CP \$700  
Tucker, Pamela Joan  
R39310, Bono, (a)(4)&(6)  
White, Tracee Victoria  
R40315, North Little Rock  
(a)(4)&(6), CP \$700  
Young, Heather Louise Moore  
R56614, Bryant, (a)(4)&(6), CP \$700

### SUSPENSION

Babbs, Mary Francis Jones  
L22233, Hot Springs  
Probation Non-Compliance, CP \$1000  
Baldwin, Kathy Hope Petty  
R13385, Big Flat, CP \$750  
Broach, Stacy Lynn Hulse Wagner  
L32568, Pine Bluff, Probation  
Non-Compliance, (a)(4), CP \$500  
Evans, Cathy Leigh Wellman Hale  
R50607, Arkadelphia  
Probation Non-Compliance, CP \$600

Girard, Robbye Marie Richardson  
L21156, Jonesboro, (a)(4)&(6), CP \$750  
Hall, Tamara Suzette Stroman  
R55455, Little Rock  
Probation Non-Compliance, CP \$500  
Harper, Charlene Denise McLain Morris Harper  
R50662, Manila  
Haynes, Rhonda Lynn Johnson Sweeney  
R41348, Hermitage  
Probation Non-Compliance, CP \$1000  
Hunt, Doris Jean Duty  
L23087, Batesville  
Probation Non-Compliance, CP \$500  
Martin, Penny Lee Garrison  
R35355, Little Rock  
Probation Non-Compliance, (a)(4), CP \$500  
Nichols, Karen Dean Gubanski  
L28493, Vilonia  
Probation Non-Compliance, CP \$700  
Plunk, Carrie Sue Beasley  
L20869, Murfreesboro  
Probation Non-Compliance, CP \$700  
Powell, Sharon Kaye  
L34484, McGehee  
Probation Non-Compliance, CP \$250  
Richard, John Mark  
R55858, Greenwood  
Probation Non-Compliance, CP \$500  
Roach, Brenda Maye Hightower  
R39216, Percy, (a)(4),(6)&(9) CP \$2000  
Roy, Shanda Renee Oates Jones  
R39165, Bryant, (a)(4),(6)&(9) CP \$1500  
Sivils, June Elizabeth Scarff  
L30290, Hot Springs, (a)(4)&(6), CP \$1000  
Shipley, Donna Jane Harris Gable Chambers  
R44214, Greeneville, TN, Probation  
Non-Compliance CP \$1000  
Staggs, Stacy Annette Liles  
L39065, Texarkana  
Probation Non-Compliance, CP \$500  
Young, Emanuel  
L35073, Proctor, Probation  
Non-Compliance CP \$750

### VOLUNTARY SURRENDER

Caldwell, Greta Jerris Robinson Massey  
L34941, Sherwood  
Carpenter, Christina Gay  
R27511, Cabot  
Gibson, Jocelyn Merine Seets  
R40964, P01196, L12447 (exp), North Little Rock  
Hathcock, Linda Gail Ashley  
R36081, Bismark  
Jensen, Robin Ford  
R19163, Russellville  
Knight, Regina Denise Mosley Crossland  
R30440, Little Rock  
Motley, Betty Lou Earl  
L15163, Vilonia  
Robinson, Sandra Kay  
R63031, Heber Springs  
Wheeler, Dorothy Mae Brooks  
R52797, Doniphan, MO

### REINSTATEMENTS WITH PROBATION

Bell, Benjamin P.  
R49264, Hensley  
Chamblee, Cecil Ann Clark Secrease  
R42276, L28094 (exp), Bono, CP \$800  
Charisse Camille Ballard  
R66570, Little Rock  
(May Board Meeting)

Oswalt, Cynthia Rena  
T01369, Stuttgart, CP \$1000  
Pharr, Lori Lynn Burdine  
L38115, Malvern, CP \$380  
Wonce, Rose Mary Washington  
L20776, Little Rock

### REPRIMAND

Lewis, Jeannie Christene Barrow  
L21299, Mena, CP \$930

### REVOCAION

Dapp, Mary Ann  
L34808, Jonesboro, (a)(3)&(6)  
Sayres, Rhonda Ranees Pounds Gresham  
R64036, Harrison, (a)(3)&(6)

### PROBATIONARY STATUS REMOVED

Bowers, Rebecca Leona  
L33506, Muldrow, OK  
Carter, Tammy Swan  
L26820, Hamburg  
Doubleday, Jamie Sue Kline  
L33836, Shirley  
Frame, Reta Jeanette  
L21180, Mountain Home  
Milam, Kimberly Ann Dunavan Griffith  
R50658, L32268 (exp), Maumelle  
Mullins, Mary Theresa Hill  
R29198, North Little Rock  
Rich, Cindy Moultrie Beattie  
L35166, Ozark  
Rogers, Benjamin Hudson  
R21395, Searcy  
Sharp, Jr., Danny Keith  
R55901, Mountain Home  
Taylor, Gloria Ann Burton Roses Keller  
R13422, Heber Springs  
Welch, Jeanette Lazelle Aytch James Brothers  
R32424, L17959 (exp), Pine Bluff

### DISCIPLINARY ACTION REVERSED AND CLEARED

Jody Marie Morrison, July 22, 2003

### WAIVER GRANTED

Luster, Eric Rowshawn  
Permission to take NCLEX-PN® granted

### ASBN HOT CHECKS NOTICE

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the Nurse Practice Act and could be subject to disciplinary action by the Board. Please contact Darla Erickson at 501.686.2705 if any are employed in your facility.

Bradley, Rosa Marie	L16658
Hooten, John	R68601
Hughes, Kelley Lynn	L34380
Long, Debra Ann	L25461
Martin, Mary	R31132
Sivils, June Elizabeth	L30290
Williams, Sally F.	L26287
Williams, Sommer Dawn	L36335

### Retraction

Rose Dean, L30130, listed in the last ASBN UPDATE.

## Former Board Member Holds Active LPN License at 93

ERA ASHCRAFT WAS recently featured in the Pine Bluff Commercial (May 4, 2003, D1) in an article written by Eva Marie Pearson. At 93, Ms. Ashcraft asserts the distinction of being the oldest licensed practical nurse still holding an active license in Arkansas. Mrs. Ashcraft was a member of the Arkansas State Board of



Nursing from 1973 to 1979 and has had a positive influence on many in the healthcare field. Excerpts from the article appear below.

Her route to becoming a nurse was set when she was a youngster. When she was a girl, her grandmother who had had a stroke and could do nothing for herself lived with her family. Because her mother worked in the field

with her father, Mrs. Ashcraft and her sister took care of their grandmother. She and her sister had taken the teachers' examination at Sheridan, but she never got to teach because their mother died. Mrs. Ashcraft said that she took care of her younger siblings, one of whom had not started to school. Her

father died a year later.

A friend who moved here from Georgia wanted her to go to nurses school with her, but Mrs. Ashcraft said that she told her, "I get enough nursing without going to school." But she decided to go and graduated in 1959 in Class 16 of the Practical Nurses School.

[Dr. Dennis] Jacks remembers Mrs. Ashcraft as a very nice, sweet, Christian

lady who impressed upon them [a class of orderlies she taught] the importance of patient care. Don't treat them as a number or a diagnosis, treat them as a person or a family member with compassion and caring, he said she told them. She instilled in them the importance of care and sensitivity and taught them to love Jefferson Hospital. "She treated us with respect and taught us to respect our patients." All of these things, he said, have helped him as a doctor.

Up until a year ago when she tripped over a root in her yard, she mowed her own yard and tended her garden. And even though her mobility is somewhat limited, she is not idle. Last month she sent nine lap robes that she crocheted to nursing homes with the instructions to give them to anyone who needs them. "I don't waste a minute if I can help it. I have to have something to do when I sit down or I'm miserable."

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